21-41114

SEC 1972 Potential persons who are to respond to the collection of information contained in (6/99)this form are not required to respond unless the form displays a currently valid OMB control number. PROCESSED

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

MAR 2 7 2002 THOMSON **EINANCIAL**

SECURITIES AND EXCHANGE COMMISSION

02024110

FORM D

UNITED STATES

Washington, D.C. 20549

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2002
Estimated average burden hours per response 1

SEC USE ONLY Prefix Serial DATE RECEIVED

		1168701
Name of Offering (check if this	s an amendment and name has changed, and	d indicate change.)
The Eating Establishmen	t - 108th & Q, L.L.C.	
Filing Under (Check box(es) th apply):	at [] <u>Rule 504</u> [] <u>Rule 505</u> [X] <u>Rule 50</u>	6 [] Section 4(6) [] ULOE
Type of Filing: [X] New Filing	[] Amendment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information request		
Name of Issuer (check if this is	an amendment and name has changed, and i	ndiciate change.)
The Eating Establishmen	t - 108th & Q, L.L.C.	
Address of Executive Offices (Including Area Code)	(Number and Street, City, State, Zip Code)	Telephone Number
P.O. Box 6042, Lincoln,	NE 68506	(402) 423-2394
Address of Principal Business C (Including Area Code) (if different from Executive Office	Operations (Number and Street, City, State, 2 es)	Zip Code) Telephone Number
Brief Description of Business		
Construct, own and ope	rate Runza Restaurant in Omaha, N	ebraska.
Type of Business Organization		
[] corporation	[] limited partnership, already formed	[X] other (please specify):
[] business trust	[] limited partnership, to be formed	Limited Liability Compan

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Month

CN for Canada; FN for other foreign jurisdiction)

Year

Actual or Estimated Date of Incorporation or Organization: $\begin{bmatrix} 0 \end{bmatrix} 7 \begin{bmatrix} 0 \end{bmatrix} 1$

[X] Actual [] Estimated

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[x] Promoter [x] Beneficial Owner	[X] Executive Officer of L.L.C. Management	[] Director [] General and/or Managing Partner						
Full Name (Last name	a first if individual)	<u>Management</u>	Board						
Tull Name (Last hame	z mst, ii marriadar)								
Everett, Donald	R								
Business or Residence	e Address (Number and Street,	City, State, Zip Cod	e)						
P.O. Box 6042, L	incoln, NE 68506								
Check Box(es) that Apply:	[x] Promoter [] Beneficial Owner	[X] Executive Officer	[] Director [] General and/or Managing Partner						
Full Name (Last name	Full Name (Last name first, if individual)								
Sjulin, Renee S. Business or Residence Address (Number and Street, City, State, Zip Code)									
D 0 D (0/0 I	4 1 NE 60506								

Check Box(es) that Apply:	[x] Promoter [] Beneficial Owner	[X] Executive Officer		eneral and/or anaging artner
Full Name (Last name	first, if individual)			<u></u>
Amend, Dawn					
Business or Residence	: Address (Numb	per and Street, (City, State, Zip Code)	
P.O. Box 6042, L					
Check Box(es) that Apply:	[X] Promoter [X	Speneticial Owner	[X] Executive Officer		eneral and/or anaging irtner
Full Name (Last name	first, if individual)			
Everett, Donald					
Business or Residence	•	per and Street, (City, State, Zip Code)		
P.O. Box 6042, L	incoln, NE	68506			
Check Box(es) that Apply:	[] Promoter [x] Beneficial Owner	[] Executive Officer	[] Director [] Ge Ma Pa	eneral and/or anaging .rtner
Full Name (Last name	first, if individual)			
Business or Residence	Address (Numb	per and Street, (City, State, Zip Code)		
Check Pay(as) that	[] Dramator [1 Popoficial	[] Evenutive	[] Director [] Ge	anoral and/or
Check Box(es) that Apply:	[] Promoter [Owner	[] Executive Officer	Ma	anaging rtner
Full Name (Last name	first, if individual)			
Business or Residence	Address (Numb	per and Street, (City, State, Zip Code)		
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [] Ge Ma Pa	neral and/or naging rtner
Full Name (Last name	first, if individual)			
Business or Residence	Address (Numb	er and Street, (City, State, Zip Code)		
(Use blank	sheet, or copy	and use addi	tional copies of this	sheet, as necessa	ary.)
	B. I	NFORMATION	ABOUT OFFERING		
1. Has the issuer sold, offering?	or does the issu	er intend to sel	l, to non-accredited in	nvestors in this	Yes No [X] []
		• •	lumn 2, if filing under		
2. What is the minimum	n investment tha	it will be accepte	ed from any individua	ıl?	\$4,200
3. Does the offering pe	rmit joint owners	ship of a single	unit?		Yes No [X][]
4. Enter the information directly or indirectly, ar connection with sales of person or agent of a brithe name of the broker persons of such a broken only. Full Name (Last name)	ny commission on the securities in the securities in the securities in the securities or dealer from the security of the secur	r similar remund ne offering. If a pegistered with the re than five (5) put and the than five (5	eration for solicitation person to be listed is ne SEC and/or with a persons to be listed a	of purchasers in an associated state or states, list are associated	

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busin	ess or R	esidenc	e Adares	ss (Num	iber and	Street, C	City, State	e, Zip Co	ae)			
Name	of Asso	ciated B	Iroker or	Dealer								,
							to Solicit		sers] All S	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]		-	[NH]			[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]		[SD]	[TN]	[TX]		[VT]	[VA]	[WA]	[WV]	[Wi]	[WY]	[PR]
Full N	ame (La	st name	first, if it	ndividua	11)							
Busine	ess or Re	esidence	e Addres	s (Num	ber and	Street, C	ity, State	e, Zip Co	de)			
Name	of Asso	ciated B	roker or	Dealer								
							to Solicit		ers]] All S	itates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[AV]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	ame (Las	st name	first, if ir	ndividua	1)							
Busine	ess or Re	esidence	Addres	s (Num	ber and	Street, C	ity, State	, Zip Co	de)			
Name	of Assoc	ciated B	roker or	Dealer								
							to Solicit		ers			
,)			[] All S	
[AL]	[AK]	[AZ]	[AR]		[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[NV]	[NH]	[NJ]	[LA]	[NY]	[MD] [NC]	[ND]	[Ml] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	(U	se blan	k sheet,	or cop	y and us	se additi	onal co	oies of t	nis shee	t, as nec	essary.)	
	C 0	CCDIN	C DDICE	= All Indi	DED OF	INIVEST	ODS EV	DENCE	S AND II	SE OF E	ROCEE	ne
1 Ente							ed in this			SE OF F	ROCEE	
and th	e total a	mount a	Iready so	old. Ente	er "0" if a	ınswer is	s "none" d	or "zero."				
the co	ransaction	on is an clow the	amount	s of the	ng, chec securitie	s offered	x " and ir d for excl	idicate ir iange an	ı ıd			
alread	y exchar	nged.						-				
									Agg	gregate	Amou	nt Already
Ţ	ype of S	ecurity							Offer \$	ing Price	∋ \$	Sold
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									\$ \$		- \$	
							*************		\$ 772	800		5,280

Total	\$ <u>772,</u>	800	\$ <u>35,280</u>
Answer also in Appendix, Column 3, if filing under ULOE.			
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u> , indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
Accredited Investors	Numbe Investo		Aggregate Dollar Amount of Purchases \$ 390,600
Non-accredited Investors	21		\$382,200
Total (for filings under Rule 504 only)			\$
Answer also in Appendix, Column 4, if filing under ULOE.			
3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.			
Type of offering Rule 505	Type of	Security	Dollar Amount Sold \$
Regulation A			\$
Rule 504			\$
Total			\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
Transfer Agent's Fees			
Engineering Fees		[]	\$ 0
Sales Commissions (specify finders' fees separately)			\$0
Other Expenses (identify)		[]	\$0 \$_9,000
			*- 7,000
b. Enter the difference between the aggregate offering price given in respo Question 1 and total expenses furnished in response to Part C - Question A difference is the "adjusted gross proceeds to the issuer."	nse to F 4.a. This	Part C -	\$799,080
5. Indicate below the amount of the adjusted gross proceeds to the issuer of proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proto the issuer set forth in response to Part C - Question 4.b above.	he	Payments	s to
		Officers, Directors Affiliates	Payments

Salaries and fees Franchise Fees	[] \$25,000	[] \$
Purchase of real estate	[]	[] \$ 325,000
Purchase, rental or leasing and installation of machinery and equipment	[] \$	[] \$ <u>95.000</u>
Construction or leasing of plant buildings and facilities	[] \$	[] \$ 285,000
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[] \$N/A	[]
Repayment of indebtedness	[] \$	[] \$ <u>12,008</u>
Working capital	[] \$	[] \$
Other (specify): Architect, signage, menuboards	[]	[] · \$ <u>57_000</u>
supplies, operating expense and smallwares	[] \$	[]
Column Totals Total Payments Listed (column totals added)	[] \$ <u>25,000</u> []\$ <u>799</u>	\$774,080 \$0,080

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

D. FEDERAL SIGNATURE

Issuer (Print or Type)	Signature	Date
The Eating Establishment -	0 06 10	12-21-01
108th & Q, L.L.C.	DomeRier H. h.	
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
D 11 D 7	n	
Donald R. Everett, Jr.	President	

ATTENTION	
Intentional misstatements or omissions of fact constitute federal criminal violations. (S U.S.C. 1001.)	See 18

E. STATE SIGNATURE

- 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions Yes No of such rule?

 See Appendix, Column 5, for state response.
- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written

request, information furnished by the issuer to offerees.

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

The Fating Establishment -	Signature Date 12-21-01
Name of Signer (Print or Type)	Title (Print or Type)
Donald R. Everett, Jr.	President

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX								
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualit under Stat (if yes, a explana waiver g (Part E-l	te ULOE attach tion of ranted)	
State AL	Yes	No		Number of Accredited Investors		Number of Non-Accredited Investors	Amount	Yes	No
AK									
AZ						 			
AR									
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http://www.sec.gov/divisions/corpfin/forms/d.htm Last update: 08/27/1999